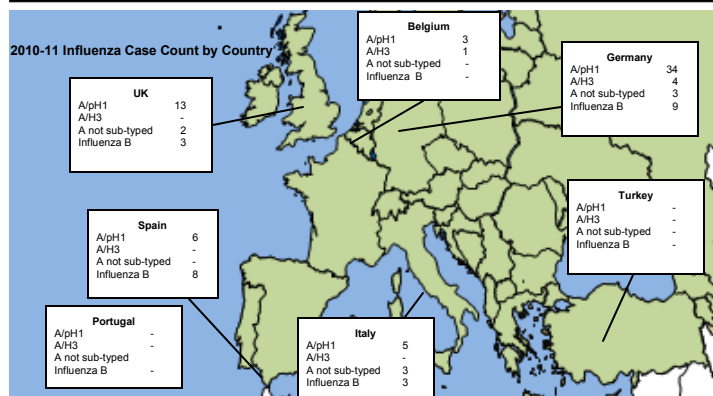
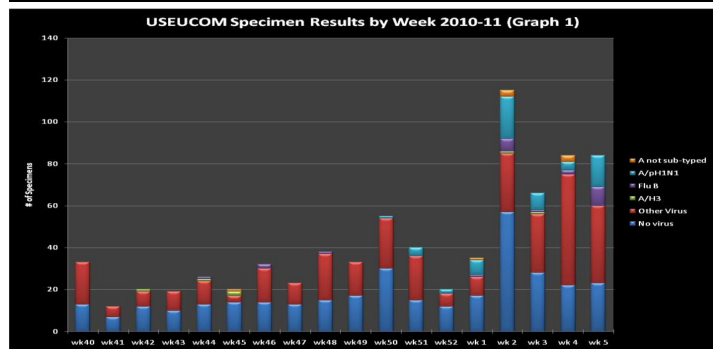




U.S. Army Public Health Command Region-Europe USEUCOM Influenza Surveillance Report 2010-11 Influenza Season Week 5 (Jan 30th-Feb 5th)

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Service	Week 5				Season			
	A/pH1N1	A/H3 (seasonal)	Influenza A Not sub-typed	Influenza B	A/pH1N1	A/H3 (seasonal)	Influenza A Not sub-typed	Influenza B
Army*	5	-	-	4	26	2	2	6
Air Force*	5	-	-	-	22	1	3	9
Navy*	3	-	-	1	7	1	-	2
Marines*	-	-	-	-	-	-	2	-
Coast Guard*	-	-	-	-	1	-	1	-
DoD Civilian**	2	-	-	4	5	1	-	6
Total	15	-	-	9	61	5	8	23



Laboratory Surveillance Activity

During the week 5 reporting period (Jan 30th-Feb 5th), 84 respiratory samples were submitted to the LRMC Infectious Disease Laboratory; the same number of samples as submitted in week 4. From week 4 to week 5, the number of samples testing positive for influenza increased from approximately 11 percent (nine samples) to approximately 27 percent (23 samples). Of the 23 samples testing positive for influenza, 14 were Influenza A/pH1N1, eight were Influenza B and one sample was positive for both Influenza A/pH1N1 and Influenza B.

Also during week 5, approximately 25 percent of the samples tested positive for Rhino/Entro virus, 25 percent tested positive for respiratory syncytial virus (A and B), 10 percent tested positive for multiple viral co-infections, while 27 percent tested negative for any virus.

The World Health Organization (WHO) reports increased influenza activity in the general European population and Influenza A pH1N1 continues to be the dominate influenza subtype.

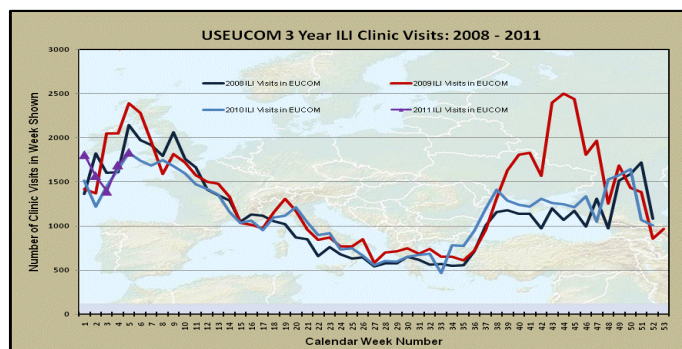
Influenza-like Illness (ILI) Activity

Visits to all USEUCOM MTFs for influenza-like illness (ILI) are up approximately 8 percent from week 4 to week 5 (Jan 30th-Feb 5th).

When queried for "all MTFs", ESSENCE produced the following alerts:

86th MED GRP-Ramstein	1 Feb
AHC Kaiserslautern	31 Jan
AHC Vilseck	30 Jan
NH Naples	2 Feb
NY Sigonella	31 Jan

The WHO reports and increase in ILI activity throughout most of Europe.



Influenza-like Illness (ILI) Syndrome ICD9 Coding

To better capture ILI in ESSENCE, it would be helpful if providers used the following codes. This would be the first patient encounter before any lab confirmed testing has been ordered.

079.99	Viral Infection NOS	486	Pneumonia, Organism NOS
382.9	Otitis Media NOS	780.6	Fever
460	Acute Nasopharyngitis	780.60	Fever, Unspecified
461.9	Acute Sinusitis NOS	780.64	Chills (w/o Fever)
465.9	Acute URI NOS	786.2	Cough
466.0	Acute Bronchitis		

Influenza Specific Syndrome ICD9 Coding

For more accurate surveillance, a diagnosis of influenza should only be given to patients with lab-confirmed influenza. This includes the following list of diagnostic codes:

487	Influenza
487.0	Influenza w/Pneumonia
487.1	Flu w/Resp Manifest NEC
487.8	Flu w/Manifestation NEC
488	Influenza Due to Identified Avian Flu Virus
488.1	Influenza Due to Identified Novel H1N1 Flu Virus